

To whom it may concern,

8/3/21

I received a letter sent from my attorney, forwarding me the packet of requesting information sent by your offices as it pertains to monies owed stemming from my criminal sentencing back in 2018. Enclosed you will find the aforementioned packet of information requested, but going by the letter written by your offices, I feel it's necessary to point out some key facts:

- I have been incarcerated since March 2017. I am currently in prison and will remain so until 2026. Thus, I have no formal job.
- I own no house, no car, have no wife or children. I have no assets to speak of.
- I am currently making payments towards the fines and restitution from my case through my very low paying job here in federal prison. This was established through the Bureau Of Prisons in 2019. I have not missed a payment.
- I have every intention to pay the monies owed, as soon as it is financially plausible for me to do so upon my release, finding employment and housing.

If you should have any further inquiries, please don't hesitate to contact me here in prison.

Respectfully,
Ryan Rosenthal

Ryan Rosenthal
Re:

Ryan Rosenthal 24169-111
FCI Lompoc
3600 Guard Rd.
Lompoc, CA. 93436

17-cr-0133-1 JST

FILED

Aug 09 2021

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

RECEIVED

AUG 09 2021

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA

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Ryan Rosenthal, Fed ID#24169-111

FCI Lompoc

Federal Correctional Institute

3600 Guard Road

Lompoc, CA

93436

Dear Ryan,

Our office recently received paperwork from the United States Attorney on your behalf. It consists of a letter and a series of financial disclosure forms they want filled out and returned to their office. I have enclosed their letter, and the forms, with this letter. We understand that you do not have the assets they are demanding, but please fill out the paperwork and send it to their office. We have included the pre-paid envelope they provided for that purpose as well.

Sincerely,



Charles Duggan
Associate Attorney
Law Office of Beles & Beles

WALNUT CREEK OFFICE
2121 N. CALIFORNIA STREET
WALNUT CREEK, CALIFORNIA 94596
(925) 460-5400

FREMONT OFFICE
39560 STEVENSON PLACE, SUITE 217
FREMONT, CALIFORNIA 94536
(510) 745-7755

SAN JOSE OFFICE
2880 ZANKER ROAD, SUITE 203
SAN JOSE, CALIFORNIA 94541
(408) 255-5100

PLEASANTON OFFICE
4900 HOPYARD ROAD, SUITE 100
PLEASANTON, CALIFORNIA 94588
(925) 460-5400



U.S. Department of Justice

*United States Attorney
Northern District of California*

9th Floor, Federal Building
450 Golden Gate Avenue, Box 36055
San Francisco, California 94102-3495
July 14, 2021

(415) 436-6970
FAX: (415) 436-6570

Robert Joseph Beles
Beles & Beles Law Office
1 Kaiser Plaza, Suite 2300
Oakland, CA 94612

Re: United States v. Ryan Jay Rosenthal
USDC ND California; No. CR 17-0133-001 JST
USAO No.: 2019A17473 Bal. Due: \$19,607.35 plus interest at 2.64%

Dear Mr. Beles:

We are in receipt of your written letter, received on December 10, 2018, indicating that you represent the defendant, Ryan Jay Rosenthal, with respect to the collection of the criminal monetary penalties in the above-referenced case.

This letter is in regards to the collection of those criminal monetary penalties. As you are aware, a judgment was entered against the defendant by the district court to pay a special assessment, fine and/or restitution in the amount of \$19,200.00. This amount is immediately due and payable. Therefore, demand is hereby made that the defendant, immediately pay the current balance listed above in full by check or money order. If applicable, this amount accrues interest at the rate of 2.64% per annum on any unpaid balance remaining after 14 days from the date of this judgment. 18 U.S.C. § 3612(f). Furthermore, if this amount becomes delinquent (30 days late) or in default (120 days late), late payment penalties of 10% and 15% of the principal amount, respectively, will be imposed. 18 U.S.C. §§ 3572(h)-(i), 3612(g).

Payments should be made by check or money order payable to the "Clerk of the Court" and sent to:

Clerk, U.S. District Court
450 Golden Gate Avenue, Box 36060
San Francisco, CA 94102
Online payment is available at PAY.GOV <https://pay.gov/public/form/start/434849470>

If the defendant fails to make payment in full within 10 calendar days from the date of this letter, we will seek to collect this judgment as fully permitted under the law, including but limited to garnishing the defendant's wages, executing on the defendant's personal properties, and foreclosing on the defendant's real properties. Furthermore, the defendant must contact his/her Case Manager or this office to establish a payment plan.

If your client is unable to pay the restitution balance in full immediately, you must have your client complete, date, and sign, under penalties of perjury, the enclosed U.S. Department of Justice Financial Statement form and return it to this office along with copies of recent pay or benefit statements covering a two-month period, bank statements for the last three months, and tax returns for the past three years. You may return the completed and signed financial statement form, pay and bank statements, copies of the tax returns in the enclosed prepaid self-addressed envelope.

If you have any questions or would like to discuss this matter, you may reach me at 415/436-7188.

Very truly yours,

STEPHANIE M. HINDS
Acting United States Attorney



Financial Litigation Unit -DMV

Please respond to:

Enclosures: Financial Statement
Self-addressed return envelope

cc: Case Manager

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02138289

Dept. of Justice / Federal Bureau of Prisons

Team Date: 04-30-2021

Plan is for inmate: ROSENTHAL, RYAN JAY 24169-111

Facility: LOM LOMPOC USP
 Name: ROSENTHAL, RYAN JAY
 Register No.: 24169-111
 Age: 39
 Date of Birth: 06-20-1981

Proj. Rel. Date: 10-22-2026
 Proj. Rel. Mthd: GCT REL
 DNA Status: LOF04680 / 01-28-2019

Detainers

Detaining Agency	Remarks
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NO DETAINER

Current Work Assignments

Fac	Assignment	Description	Start
LOF	ORD B D/W	ORDERLY B D/W	02-20-2020

Current Education Information

Fac	Assignment	Description	Start
LOF	ESL HAS	ENGLISH PROFICIENT	01-28-2019
LOF	GED HAS	COMPLETED GED OR HS DIPLOMA	03-09-2021

Education Courses

SubFac	Action	Description	Start	Stop
LOF	C	STORIES OF FRONTIERS NAT. WRD	02-06-2020	09-14-2020
LOF	C	DRUM CLASS	10-01-2019	12-03-2019
LOF	C	KEY BOARD/PIANO CLASS	10-02-2019	12-14-2019
LOF	C	BASIC ALTERNATIVE TO VIOLENCE	08-20-2019	08-21-2019
LOF	C	ACE FINANCIAL PEACE	04-12-2019	05-22-2019
LOF	C	BEGINNING CERAMICS	05-11-2019	05-26-2019

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
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** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS **

Current Care Assignments

Assignment	Description	Start
CARE1	HEALTHY OR SIMPLE CHRONIC CARE	01-31-2019
CARE1-MH	CARE1-MENTAL HEALTH	02-11-2019

Current Medical Duty Status Assignments

Assignment	Description	Start
C19-RCVRD	COVID-19 RECOVERED	05-22-2020
MED HOLD	MEDICAL HOLD - DO NOT TRANSFER	04-14-2021
NO PAPER	NO PAPER MEDICAL RECORD	01-28-2019
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	01-31-2019
YES F/S	CLEARED FOR FOOD SERVICE	01-31-2019

Current Drug Assignments

Assignment	Description	Start
ED COMP	DRUG EDUCATION COMPLETE	08-09-2019

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES **Start: 02-25-2019**

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY

Payments past 6 months: \$50.00 Obligation Balance: \$10,000.00

Financial Obligations

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	\$200.00	\$0.00	IMMEDIATE	COMPLETEDZ
Adjustments:					
	Date Added	Fac	Adjust Type	Reason	Amount
	03-11-2021	LOF	PAYMENT	INSIDE PMT	\$25.00

Sentry Data as of 04-28-2021

Individualized Needs Plan - Program Review (Inmate Copy)

Page 1 of 3

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02138289

Dept. of Justice / Federal Bureau of Prisons

Team Date: 04-30-2021

Plan is for inmate: ROSENTHAL, RYAN JAY 24169-111

Most Recent Payment Plan

No.	Type	Amount	Balance	Payable	Status		
		Adjustments:	Date Added	Fac	Adjust Type	Reason	Amount
			12-08-2020	LOF	PAYMENT	INSIDE PMT	\$25.00
2	MISC	\$10,000.00	\$10,000.00	IMMEDIATE	AGREED		

**** NO ADJUSTMENTS MADE IN LAST 6 MONTHS ******FRP Deposits**

Trust Fund Deposits - Past 6 months: \$ N/A

Payments commensurate ? N/A

New Payment Plan: ** No data **

Progress since last review

No progress.

Next Program Review Goals

By 10/2021: See Mrs. Magana in the education office and enroll in a course of your choice. Continue to maintain contact with family and friends through phone call, email, and visits for continued support.

Long Term Goals

By 10/22/2026: Successfully complete various VT/ACE courses, employment skills courses, resume writing, and attend mock job fairs; complete FRP financial obligations; the Release Preparation Program (RPP/ROP); attend release planning courses and secure halfway house placement; secure all IDs for release planning; attend wellness courses, and personal counseling programs. Save a minimum of \$250 on your account for release needs.

RRC/HC Placement**Comments**

Will be reviewed under the 2nd Chance Act for RRC placement or home confinement at 17-19 months prior to his projected release date.

UNITED STATES DEPARTMENT OF JUSTICE
 United States Attorney's Office

Financial Disclosure Statement - Individual
 Page 1 of 14

Updated: January 2021

The United States of America is authorized to inquire about your financial condition and economic circumstances, and may verify any information provided in this statement.

This statement is considered incomplete unless you have (1) completed each section fully and accurately, including those sections applicable to your spouse, (2) provided all supportive documentation in your custody, possession and control identified in Section 17 of this disclosure statement, and (3) certified that the information contained herein is true and correct as of the date that you submit this form to the United States Attorney's Office as set forth in the attached Certification.

SECTION 1: PERSONAL IDENTIFICATION - DEBTOR

First Name: <u>Ryan</u>	Middle Name: <u>J</u>	Last Name: <u>Rosenthal</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Other Names Used: <u>N/A</u>	Social Security No: <u>615-36-5256</u>	Date of Birth: <u>6/20/1981</u>	Driver's Lic. No./State: <u>CA - I don't know</u>
Home Address (Street, City, State & Zip Code): <u>Incarcerated at Lompoc, CA FCI</u>			Years at Address: Rent <input type="checkbox"/> Own <input type="checkbox"/>
If renting, to whom do you pay rent? (Name, Address, Phone Number)			
Do you plan to move from this residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? <u>10/2026</u> If yes, where to?			
Mailing Address (If Different from Residence/Home Address): <u>3600 Guard Rd., Lompoc, CA 93436</u>			
Home Telephone: <u>N/A</u>	Cellular Telephone: <u>N/A</u>	Work Telephone (incl. ext.):	Other Telephone:
All E-Mail Address(es) used by you: <u>N/A</u>			
All social media account(s) used by you: <u>N/A</u>			
Do you possess a passport? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, Country of Issue: <u>USA</u>	If yes, Date Issued: <u>2016</u>	Passport Number: <u>I don't know</u>
Where is the passport? <u>Possibly discarded upon arrest</u>		Are you a United States Citizen? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

SECTION 2: MARITAL STATUS-DEBTOR

<input checked="" type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Married As of:	<input type="checkbox"/> Legally Separated As of:	<input type="checkbox"/> Divorced As of:	<input type="checkbox"/> Widowed As of:
Do you or your spouse receive (check all that apply): Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Voluntary Payments <input type="checkbox"/>				
Alimony Amount: Source:	Child Support Amount: Source:	Voluntary Payment Amount: Source:		

My response(s) on this page are current, accurate, and complete as of the date that I submit this Financial Disclosure Statement to the United States Attorney's Office, under penalty of perjury. Debtor's Initials: RR

United States Department of Justice
United States Attorney's Office

Financial Disclosure Statement - Individual
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SECTION 3: PERSONAL IDENTIFICATION- SPOUSE

First Name:	Middle Name:	Last Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Other Names Used:	Social Security No:	Date of Birth:	Driver's Lic. No./State:	
Home Telephone:	Cellular Telephone:	Work Telephone (incl. ext.):	Other Telephone:	
E-Mail Address(es):				
Home Address (If different from debtor):			Years at Address:	
			Rent <input type="checkbox"/>	Own <input type="checkbox"/>
If renting, to whom does s/he pay rent? (Name, Address, Phone Number)				

SECTION 4: ADULT FAMILY MEMBERS/ RELATIVES -DEBTOR

Father's First Name: <u>Tyrone</u>	Father's Last Name: <u>Rosenthal</u>	Mother's First Name: <u>Eleonor</u>	Mother's Last Name: <u>Rosenthal</u>
Address: <u>Deceased</u>		Address: <u>Deceased</u>	
Sibling's First Name: <u>N/A</u>	Sibling's Last Name:	Sibling's First Name:	Sibling's Last Name:
Address:		Address:	
Sibling's First Name:	Sibling's Last Name:	Sibling's First Name:	Sibling's Last Name:
Address:		Address:	
Adult Child's First Name: <u>N/A</u>	Adult Child's Last Name:	Adult Child's First Name:	Adult Child's Last Name:
Address:		Address:	
Adult Child's First Name:	Adult Child's Last Name:	Adult Child's First Name:	Adult Child's Last Name:
Address:		Address:	

List name(s) and address(es) of ALL DEPENDENTS who live or do not live with you:

Name (include address if dependent <i>does not</i> live with you)	Date of Birth	Relationship

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Financial Disclosure Statement - Individual
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SECTION 5: EMPLOYMENT DATA-DEBTOR

Do you have a job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Self-Employed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Occupation:	Job Title:	Start Date:
Employer's Name:		Supervisor/Manager:	Supervisor E-mail:	
Employer's Address:			Supervisor Tel. Number:	
Pay period: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) <input type="checkbox"/>				

Additional and/or Previous Employment within past five (5) years:

Dates	Occupation	Employer's Name and Address	E-mail/Telephone Number
Till 3/2017	Regional Operations Manager	Red Wing Shoe Co.	Don't know

Debtor's Gross Earnings from Employment (including bonuses, awards, etc.):

Year-to-date Gross Earnings	Prior Year Gross Earnings
N/A	N/A

SECTION 6: BUSINESS INTERESTS - DEBTOR

Within the last five years, have you owned and/or controlled any business or businesses? Yes ☐ No ☒

If yes, please provide the following information:

Business Name:		Business Address:	
Current Status of Business:	Business Purpose:	Ownership Percentage:	Date Ownership Acquired:
List each position held and duties performed:			Federal Tax ID No.:
Year-to-date Gross Revenue		Prior Year Gross Revenue	
N/A			
Year-to-date Net Earnings		Prior Year Net Earnings	
Registered Agent Name and Address:		Form of Business (Corp., Partnership, Sole-Proprietorship):	

Please make a copy of this page and use additional sheets, as required, if you have additional businesses to disclose.

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United States Attorney's Office

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SECTION 7: EMPLOYMENT DATA – SPOUSE

Does s/he have a job? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Self-Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupation:	Job Title:	Start Date:
Employer's Name:		Supervisor/Manager:	Supervisor E-mail:	
Employer's Address:			Supervisor Tel. Number:	
Pay period: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) <input type="checkbox"/>				

Additional and/or Previous Employment within past five (5) years:

Dates	Occupation	Employer's Name and Address	E-mail/Telephone Number

Spouse's Gross Earnings from Employment (including bonuses, awards, etc.)

Year-to-date Gross Earnings	Prior Year Gross Earnings

SECTION 8: BUSINESS INTERESTS – SPOUSE

Within the last five years, has s/he owned and/or controlled any business or businesses? Yes ☐ No ☐

If yes, please provide the following information regarding the business:

Business Name:		Business Address:	
Current Status of Business:	Business Purpose:	Ownership Percentage:	Date Ownership Acquired:
List each position held and duties performed:			Federal Tax ID No.:
Year-to-date Gross Revenue		Prior Year Gross Revenue	
Year-to-date Net Earnings		Prior Year Net Earnings	
Registered Agent Name and Address:		Form of Business (<i>Corp., Partnership, Sole-Proprietorship</i>):	

Please make a copy of this page and use additional sheets, as required, if you have additional businesses to disclose.

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Financial Disclosure Statement - Individual
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SECTION 9: INCOME/EXPENSE SHEET – COMBINED HOUSEHOLD FOR DEBTOR AND SPOUSE

This is an estimate of your MONTHLY earnings and bills/obligations.

	Debtor	Spouse		Household
Net Income from Wages:			Rent/Mortgage:	
Net Earnings from Business:			Property Taxes:	
Rental Income:			Mortgage on other properties:	
Interest Income:			Vehicle Payment -1:	
Dividend Income:			Vehicle Payment -2:	
Monetary Gifts:			Gasoline:	
Alimony:			Alimony:	
Child Support:			Child Support:	
Unemployment Income:			Automobile Insurance:	
AFDS and/or Food Stamps:			Health Insurance:	
Pension Income:			Medical Expenses:	
Other Retirement Income:			Groceries:	
Social Security Income:			Electricity:	
Disability Insurance Income:			Natural Gas:	
Payments from Trusts:			Water/Sewage:	
Other Monthly Income (explain):			Home Telephone:	
			Cellular Telephone:	
			Cable/Satellite TV:	
			Internet:	
			Tuition:	
			Other Expenses (explain):	
TOTAL INCOME PER MONTH:	Between \$5.25 to \$25.00 from B.O.P. job		TOTAL MONTHLY EXPENSES:	<u>Ø</u>

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SECTION 10: ASSETS – DEBTOR AND SPOUSE

SUBPART A: BANK, CREDIT UNION, FINANCIAL INSTITUTION, ACCOUNTS

Do you have ANY accounts at ANY financial institution? Yes ☐ No ☒ If yes, you are required to disclose all financial accounts to which you have access, whether personal or business, including, without limitation, the following: Checking Accounts, Savings Accounts, Certificates of Deposit, Investment Accounts, Stocks, Bonds, Mutual Funds, Cryptocurrency Accounts, IRA, KEOGH, 401(k), TSP, and/or other Retirement Accounts.

Name of Financial Institution	I – Individual Acct J – Joint Account	Type of Account	Account Number	Current Balance
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			

SUBPART B: LIFE INSURANCE

Are you insured with and/or the beneficiary of any life insurance policy? Yes ☐ No ☒

Identity of Insured: (e.g. Debtor/Spouse/Parents)			
Name of Beneficiary: (e.g. Debtor/Spouse/Parents)			
Name of Insurance Company:			
Address of Insurance Company:			
Type of Policy: (e.g. Whole/Term/Universal/Variable)			
Face Amount of Policy:			
Total Cash Surrender Value:			
Total Loans Against Policy:			
Yearly Premium:			
To Whom Policy Assigned:			

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SECTION 11: ASSETS – DEBTOR AND SPOUSE (Continued)

SUBPART A. FAIR MARKET VALUE OF ALL REAL ESTATE

Do you, your spouse and/or any businesses identified in Sections 6 and/or 8 own any real estate? Yes ☐ No ☒

If yes, how many real properties? _____

If yes, list all property owned by you, your spouse and/or any businesses identified in Section 6 or Section 8.

1st Property Address: <i>N/A</i>		Name on Title/Deed and Ownership Percentages:	
Description of Property:	Purchase Price:	Current Fair Market Value:	Basis of Valuation:
Date Acquired:	Gross Mortgage Amount:	Unpaid Mortgage Amount:	Monthly Mortgage Payment:
Name and Address of Mortgage Holder:			Mortgage Loan Acct. No.:
Lien Amount (other than 1st mortgage):	Monthly Lien Payment:		Lien Account Number:
Name and Address of Lien Holder:			Rental Income (if any)
2nd Property Address:		Name on Title/Deed and Ownership Percentages:	
Description of Property:	Purchase Price:	Current Fair Market Value:	Basis of Valuation:
Date Acquired:	Gross Mortgage Amount:	Unpaid Mortgage Amount:	Monthly Mortgage Payment:
Name and Address of Mortgage Holder:			Mortgage Loan Acct. No.:
Lien Amount (other than 1st mortgage):	Monthly Lien Payment:		Lien Account Number:
Name and Address of Lien Holder:			Rental Income (if any)

Do you, your spouse and/or any businesses identified in Sections 6 and/or 8 have real estate under contract pending to be purchased or sold? Yes ☐ No ☒

Property Address:		Name of Seller/Buyer:	
Description of Property:	Contract Price:	Principal Amount Owed/Due:	Date of Next Payment:

Please make a copy of this page and use additional sheets, as required, if you have additional properties to disclose.

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Financial Disclosure Statement - Individual
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SECTION 11: ASSETS – DEBTOR AND SPOUSE -- (Continued)

SUBPART B. AUTOMOBILE, TRUCKS, BOATS, AIRPLANES, AND OTHER VEHICLES

Do you, your spouse and/or any businesses identified in Section 6 and/or 8 possess any vehicles? Yes ☐ No ☒

If yes, how many? _____ If yes, provide details. Use additional pages if necessary:

		1st Vehicle	2nd Vehicle	3rd Vehicle
Vehicle Type		<i>N/A</i>		
Make/Model/Year				
Registered Owner's Name				
VIN/HIN/N-number				
Registration State				
State Registration or License Plate Number				
Vehicle Location				
Date Acquired				
Lease or Own				
If you OWN the vehicle, state:	Purchase Price			
	Current Value			
	Lender's Name			
	Loan Account No.			
	Original Loan Amt.			
	Current Loan Balance			

SUBPART C. OTHER ASSETS

All other assets, including but not limited to, cash, pre-paid cash cards, gold coins, collectibles, fine jewelry, antiques, patents, copyrights, mineral rights, oil rights, etc.? Yes ☐ No ☒ If Yes, provide details:

Type of Asset	Legal Owner Name	Asset Location	Purchase Price	Current Value

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SECTION 12: QUESTIONS REGARDING ASSETS

QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
A. Do you and/or your spouse own or hold any securities not listed above? <i>(If yes, in the space below, identify the type of stock, number of shares owned, and estimated value.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Are you and/or your spouse a board member, officer, or director of any corporation? <i>(If yes, in the space below, provide details, including name and address of corporation, term of service, and compensation received.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Are you and/or your spouse a partner in any partnership? <i>(If yes, in the space below, provide details, i.e., name and address of the partnership, identify all partners, and percentage of partnership.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Are you and/or your spouse involved in a lawsuit in which you seek monetary compensation? <i>(If yes, in the space below, provide details re: the name of the lawsuit, Court, Case Number, your attorney's name and contact information, and the amount of your claim.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Do you and/or your spouse have any pending contractual claims, legal claims, and/or insurance claims for monetary compensation? <i>(If yes, provide details re: the type(s) of claim(s), value of claim(s), and details on compensation.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Are you and/or your spouse the Executor or Beneficiary of anyone's will and testament? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Are you and/or your spouse the Trustor, Trustee, and/or Beneficiary of any Trust? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
H. Have you and/or your spouse placed any assets in any Trust in the last five (5) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Do you and/or your spouse have any lease agreements with tenants for any of your real estate properties? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Have you, your spouse, and/or your dependents received any gifts valued over \$5,000 in the last three (3) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Has anyone or any entity extended a loan to you and/or your spouse valued over \$1,000 in the last three (3) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
L. Do you and/or your spouse have a safe or safe deposit box where you keep valuables? <i>(If yes, in the space below, provide details on the location of the safe and/or safe deposit box and the value of the contents.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
M. Have you and/or your spouse filed for bankruptcy in the last ten (10) years? <i>(If yes, in the space below, provide case number, attorney's name.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
N. Are your wages and/or your spouse's wages under garnishment at this time? <i>(If yes, provide details - By whom? How often? How much? For what purpose?)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Through th BOP I am paying FRP payments on a schedule as decided by my BOP Case Manager. This is ongoing since 2019 towards fines+restitution		

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QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
O. Have you and/or your spouse used any mobile payment apps (e.g. PayPal, Venmo, Square Cash, Google Wallet, Apple Pay, etc.) in the last three (3) years? (If yes, provide details -- Which apps? How often? How much? For what purpose?)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 13: TAXES – DEBTOR AND SPOUSE

Did you and/or your spouse file Tax Returns in any of the last two (2) years? Yes ☒ No ☐

(If yes, mark each box that applies to your Tax Returns from the years requested below.)

Current Tax Year	Debtor	Spouse	Prior Tax Year	Debtor	Spouse
Federal Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Returns:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Tax Returns: Foreign Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>	State Tax Returns: Foreign Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Individual Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Individual Returns:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Joint Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Joint Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Business Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Business Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Trust Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Trust Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Refund: Yes <input type="checkbox"/> No <input type="checkbox"/>			Refund: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Amount of Refund:			Amount of Refund: Stimulus sent as debit card, not in possession, can't use.		

SECTION 14: TRANSFERS/GIFTS/LOANS-DEBTOR AND SPOUSE

Have you and/or your spouse transferred ownership of any funds, and/or real or personal property worth \$10,000 or more within the last three (3) years, not otherwise identified on this disclosure statement? Yes ☐ No ☒

Date	Amount (\$)	Property Transferred	From	To

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SECTION 15: FAVORABLE JUDGMENTS AND SETTLEMENTS – DEBTOR AND SPOUSE

Have you received a settlement or favorable judgment in the last five (5) years? Yes ☐ No ☒

Date of Judgment	Name of Court of Judgment	Name, Address and Telephone Number of Opposing Party	County/State of Judgment	Value

SECTION 16: LIABILITIES – DEBTOR

Provide the following information regarding your outstanding debts:

Type of Debt	Creditor	Contact Information	Account Number	Balance
Credit Card		I have several credit debts stemming from my job loss + arrest in 2017. I don't know how much or to whom anymore, nor do I have access to this information		

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SECTION 17: REQUIRED COPIES OF FINANCIAL RECORDS, ASSETS, AND LIABILITIES

In connection with this financial disclosure statement, you are required to produce to the United States Attorney's Office for the Central District of California the following documentation in your possession, custody, and/or control. **Please Check Each Type of Document in your possession, custody and/or control and submit copies with this disclosure.**

- ☐ **Employment Income** – Paystubs for the last twelve (12) pay periods for you and/or your Spouse for all employment identified in *Section 5* and/or *Section 7*.
- ☐ **Business Records** – For each and every business in which you (and/or your spouse) have had any ownership interest (excluding any publicly traded businesses) in the last three (3) years, including, without limitation, any business(es) identified in *Section 6* and/or *Section 8*, provide all Profit and Loss Statements, Balance Sheets, and Cash Flow Statements for the last twelve (12) months.
- ☐ **Non-Employment Income** – Statements for the past twelve (12) months reflecting income received (and/or your spouse) from any source other than employment, including without limitation, those sources identified in *Section 6*, *Section 8*, *Section 10* and/or *Section 11*.
- ☐ **Government Benefits** – Statement for the last twelve (12) months reflecting any government benefits received by you, including without limitation, any benefits identified in *Section 9*.
- ☐ **Credit Cards** – Statements for the past twelve (12) months for all of your (and/or your spouse's) credit cards, including without limitation any identified in *Section 9* and/or *Section 16*.
- ☐ **Bills/Expenses** – Statements for the last twelve (12) months establishing all monthly expenses identified in *Section 9* and/or *Section 16*.
- ☐ **Financial Account Statements** – Account Statements and copies of cancelled checks for the past twenty-four (24) months for all financial accounts you (and/or your spouse) access including, without limitation, those identified in *Section 10, Subpart A*.
- ☐ **Life Insurance** – Copies of the life insurance policies identified in *Section 10, Subpart B*.
- ☐ **Mortgage Statements** – Monthly statements for the last twelve (12) months for all mortgages either (a) paid by you (and/or your spouse) regardless of how the property is held, and/or (b) on all properties identified in *Section 11, Subpart A*.
- ☐ **Real Property Lease Agreements** – For each and every real property on which you (and/or your spouse) collect or pay rent, provide a copy of the rental (lease) agreement, including without limitation any properties identified in *Section 11, Subpart A* and/or *Section 12, Question B*.

(list continued on the next page. . .)

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- ☐ **Vehicles** – Title(s) and Registration certificate(s) for all motor vehicles, aircraft and watercraft owned and/or leased by you (and/or your spouse), including without limitation those identified in *Section 11, Subpart B*.
 - ☐ **Investments** – Quarterly statements for the last four (4) quarters for all investment accounts, in which you (and/or your Spouse) have an ownership interest, including, without limitation, those identified in *Section 11, Subpart A* and/or *Section 12, Question A*.
 - ☐ **Lawsuits** – All complaints and judgments in any civil lawsuit in which you are a party including, without limitation, those identified in *Section 12, Question D*.
 - ☐ **Trusts** – For each and every trust for which you are a trustor, trustee, and/or beneficiary including, without limitation, those identified in *Section 12, Question G*, provide all trust agreements, trust tax returns for last three (3) years, a list of the original and the current trust assets and their values, trust bank account statements for the last twelve (12) months, and all documents showing disbursements from the trusts (for the past 3 years).
 - ☐ **Personal Property** – Documents reflecting the transfer of ownership of any personal property valued at \$5,000 or more within the last three (3) years, including without limitation, those transfers identified in *Section 12, Question J* and/or *Section 14*.
 - ☐ **Loan Applications** – All applications submitted by you (and/or your spouse) to obtain a loan within the last three (3) years, including, without limitation, those identified in *Section 12, Question K*.
 - ☐ **Tax Returns** – Federal and State tax returns for the last three (3) years, filed by you and/or your spouse identified in *Section 13* and/or any business identified in *Section 6* and/or *Section 8*.
 - ☐ **Documents Supporting Tax Returns** – All supporting schedules, W-2 Forms, 1099s, and other documents related to the Federal and State tax returns for the past three (3) years filed by you and/or your spouse identified in *Section 13*, and/or any business identified in *Section 6* and/or *Section 8*.
 - ☐ **Promissory Notes** – All promissory notes reflecting that you (and/or your spouse) is a payee owed a sum of money now or in the future.
 - ☐ **Certification Under Penalty of Perjury Form** - You **must** sign the required Certification Under Penalty of Perjury Form. A separate form is attached for your signature.

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CERTIFICATION UNDER PENALTY OF PERJURY

Please read carefully. Sign and date in the spaces indicated.

With knowledge of the penalties for false statements provided by Title 18 § 1001 of the United States Code (\$250,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the United States Department of Justice, I certify that the above disclosure statement is true and correct, and is a complete statement of all my income and assets, real and personal, whether held in my name or by any other. The United States Department of Justice or its agents may verify any information provided in the above disclosure statement by any means, including but not limited to, confirmation with any third parties.

My permission for such verification and the information set forth in the above disclosure statement are provided by me knowingly, deliberately, and voluntarily without duress, compulsion, or misconduct by the United States or any person.

I declare, under penalty of perjury under the laws of the United States, that the foregoing is true and correct.

EXECUTED ON THIS 4th DAY OF August (MONTH), 2021 (YEAR),
AT Lompoc, CA (CITY/STATE).



SIGNATURE/DEBTOR

Ryan Rosenthal

PRINTED NAME/DEBTOR

If you were assisted by someone in filling out this financial statement, please state name and relationship, and have the person sign below.

SIGNATURE

RELATIONSHIP

PRINTED NAME

DATE